

To redistribute an arrearage collection on an FIP case to a current collection for a different collection month, request that the arrearage amount be reduced by adjusting the amount listed on a copy of the collection report. Complete form FIA-316, Incentive Payment Request, to establish a new collection record for each month to which a current collection applies.

**EXAMPLE OF  
DOWNWARD  
ARREARAGE  
ADJUSTMENT  
PROCEDURE**

SAMPLE DOWNWARD ARREARAGE ADJUSTMENT											
Date: MM/DD/YY		CSES CENTRAL FINANCIALS OCS DISTRIBUTED COLLECTION REPORT For the Processing Year/Month of						Page: 9999			
***** *County: 08 District: 08* *****											
BSS Case No	BSS Case Name	FDC	Court Order No	Year Month	Current Amount	Arrears Amount	Rebate	Current Reimb	Arrears Reimb	Current Refund	Other Refund
V4234569A	Andres, Julie	08	79123456DP	93/02	100.00	200.00	50.00				
V2345678A	Benedict, Sue	08	91234567DS	93/02	150.00	100.00				150.00	
V2422222A	Darles, Nancy	08	87993456BS	93/02	200.00	<del>200.00</del>	50.00				

**INCENTIVE PAYMENT REQUEST**  
State of Michigan  
Family Independence Agency

*INSTRUCTIONS: This form must be completed for all Friend of the Court cases where the payee is an Aid to Dependent Children recipient and collection on her account has been made.*

PLEASE PRINT OR TYPE

NAME - FRIEND OF THE COURT PAYEE (Last, First, Middle)					2. FIA CASE NUMBER					3. F.O.C. NUMBER		
A R L E S M A R C Y					V 2 4 2 2 2 2 2 A					9 9		
4. MONTH / YEAR		5. RECORD TYPE (Check one only)			6a. CURRENT COLLECTION AMOUNT			6b. ARREARAGE COLLECTION AMOUNT			7. FEDERAL CONTROL NUMBER	
9 3		<input type="checkbox"/> A. Current support collection <input type="checkbox"/> B. Arrearage support collection <input type="checkbox"/> C. Current AND Arrearage			2 0 0 0 0 0						2 6 1 1 5 0 0	
<p><b>NOTE:</b> Items 1 through 7 <b>MUST</b> be completed before incentive payments will be made to the client-payee or to the counties. Items 8 through 10 are to be completed for case control reporting purposes.</p>												
SOCIAL SECURITY NUMBER				9. COURT CASE IDENTIFIER					10. SUPPORT SPECIALIST NUMBER			
				8 7 9 9 3 4 5 6 D S					CO. 9 9 DIST. UNIT WK.			
BY: 45 CFR 302.14, 302.32, 303.52. SIGNATURE: Is required. Incentive payments will not be made unless equivalent signature is submitted.				AUTHORIZED SIGNATURE				DATE				
				/s/				01/04/01				

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

v. 6-96) Previous edition may be used.